

Billings Clinic
Psychiatric Center,
Billings, Montana

June 6 – 7,

2019

Site Inspection of Billings Clinic
Psychiatric Center, Billings, Montana

Mental Disabilities Board
of Visitors

OVERVIEW

Mental Health Facility reviewed:

Billings Clinic Psychiatric Center, Billings, Montana

Facility Administrator: Mr. Lyle Seavy

Authority for review:

Montana Code Annotated §53-21-104

Purpose of review:

1. To learn about services provided by Billings Clinic Psychiatric Center.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors (BOV) standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor and the Montana Legislature regarding the status of services.

Site Review Team:

Amy Tipton, Board Member
Melissa Ancell, Board Member
Dr. Richard Holt, Consultant
Craig Fitch, Legal Counsel
Dennis Nyland, Mental Health Ombudsman

Review process:

- Interviews with Billings Clinic Psychiatric Center staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Review treatment records, policies and procedures, organizational structure, treatment plans and planning and discharge plans and planning.

Introduction

The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of Billings Clinic Psychiatric Center (Billings Clinic) in Billings, Montana, June 6-7, 2019. The BOV interviewed staff, patients, and reviewed treatment plans and electronic medical records at Billings Clinic Psychiatric Unit that included: Behavioral health therapists, psychiatrists/department head, physician's assistant, medical records, administrative professionals, nurse manager, and the clinical coordinator.

Billings Clinic appeared to be well-run, clean, and professional. Staff possessed a positive work ethic. The receptionist and waiting area was warm and inviting, had comfortable clean chairs, was well-lit with lamps and overhead lights, and offered a variety of reading materials. The staff was enthusiastic and welcoming, and the atmosphere overall seemed to be healthy and therapeutic. Billings Clinic provides a safe environment for all individuals who have a mental illness.

Currently, Billings Clinic is the largest private inpatient facility in the state with 44 beds - one-third are in the Youth Inpatient Unit and two-thirds in the Adult Inpatient Unit, and is continuing to innovate and grow. Billings Clinic offers a variety of services to the Billings community. These services include a Psychiatric Inpatient Adult Treatment Unit (PATU), Psychiatric Inpatient Youth Treatment Unit (PYTU), Youth Partial Hospitalization Program (YPHP), and a Psychiatric Stabilization Unit (PSU). In addition, the Clinic has fairly recently added a community training program (ECHO), a clinic that can assist in bridging the gap between psychiatric providers, and is poised to begin the first psychiatric residency program in Montana.

Organizational Planning and Quality Improvement

Since the last visit by BOV, Billings Clinic has developed a number of impressive new programs. These include the creation of a Bridge Clinic to bridge the gap in psychiatric coverage from discharge to a community provider, a Psychiatric Stabilization Unit (PSU) which has significantly reduced the time patients have to spend in the Emergency Department, and the implementation of a peer support program in collaboration with the South Central Montana Mental Health Center.

During the summer of 2019, another component of the Billings Clinic ongoing planning process will begin with the initiation of the state's first Psychiatric Residency Program. This program, which is through the University of Washington, includes eight psychiatric students, eight nurse practitioners, and one physician's assistant. These residency students will follow the Alameda Model for psychiatric emergency room patients. The residency program students will complete two years in Seattle, and three years in Billings.

Billings Clinic uses a process of continuous quality improvement to evaluate and improve its activities related to service to clients and client family members/guardians. The Director of Psychiatric

Services is primarily responsible for monitoring, assessing, and improving the overall performance of the psychiatric services program. The various intra-department managers have responsibility to identify performance improvement opportunities and solutions.

Quality Improvement also includes a staff lens board and a “thumbs up, thumbs down” survey. The staff lens board is an area where staff can express positive “kudos” about coworkers or concerns about the organization. When policies are updated or new policies implemented, they have a “thumbs up, thumb down” survey opportunity for staff to voice their opinions. Depending on the outcomes, the survey determines whether a new policy will be accepted or where it may need to be revised to accommodate staff.

Billings Clinic senior leadership staff establishes the budget schedule. Each department manager is responsible for the preparation of the budget for his department. Expense costs are determined in the annual budget and changes in patient care are considered and/or changed to meet the patient requirements.

The Governing Board has the primary accountability for quality oversight and provision of adequate resources to ensure quality for the entire Clinic. The Director of Psychiatric Services maintains the responsibility for monitoring, assessing, and improving performance within the psychiatric services department. Patient care quality is monitored and evaluated through an integrated, coordinate, and systematic process. Each department reviews two, at a minimum, quality/process improvement opportunities that are specific to their department and the intra-or-inter disciplinary department team will make any changes that may be more conducive to their department.

Department quality control checks are in place to monitor the assured process stability or to meet internal or external standards. Each department maintains their own quality control records with specific time frames. The director, manager, and nurse manager work with Billings Clinic Quality Resources and Psychiatric Center Unit Partnership Council to ensure ongoing quality improvement.

Rights, Responsibilities, and Safety

Billings Clinic has policies and procedures which fully implement the requirements of Section 53-21-107 MCA, for detecting, reporting, investigating, determining the validity of, and resolving allegations of abuse and neglect of individuals. Staff receives ongoing training to skillfully and safely respond to and understand aggressive and other difficult behaviors. Staff interviewed reported a familiarity with the de-escalation training presented and a general overall sense of safety while at work.

Grievance policies and the patient’s rights and responsibilities are clearly outlined in the Billings Clinic policies/procedures. Billings Clinic provides this information in writing to patients during the admission process. During the interviewing of staff, it was mentioned there used to be a complaint form that patients could fill out if they had an issue but it was discontinued. Some staff interviewed stated that

these forms offered the ability to address and resolve issues more quickly and could be used to track issues for purposes of quality control.

Suggestion: Consider reincorporating a “request” form for patients to fill out and give to direct care staff when there is no reason for a grievance and the concern could be handled at the lower level. This will also allow for a means of “tracking” issues that have been resolved but do not reach the grievance level.

Individual, Family Member, Guardian Participation

Family/guardian contact information is readily accessible in the electronic health record, and social work notes routinely document family/guardian communication. Patients and appropriate family/guardians are notified of diagnoses, a list of which is included in the after visit summary at the time of discharge, along with relevant educational materials. Patients are also encouraged to be involved in treatment planning and appropriate family/guardian participation is encouraged and supported.

Billings Clinic encourages patient and family participation in quality improvement. Feedback in the form of a patient satisfaction questionnaire is utilized for ongoing quality improvement, and summary results are made available to treatment staff. Quality improvement processes are described in the policies and procedures and are used to respond to concerns and feedback from individuals, staff, and family.

Adult patients may contact family members with provided phones in the day room and in each patient room. Patients may have visitors that include family members and individuals who are significant in the patient’s life. There are designated hours when visitors may visit patients. The visitors must follow policy and safety procedures.

Billings Clinic treats staff and patients with dignity and respect, engages in open dialogue with other staff and patients, recognizes the importance of family, strives to reduce stigma of mental illness, and contributes in a positive way to the community.

Cultural Effectiveness

Billings Clinic treats patients from many cultures and staff interviewed seemed genuinely receptive, respectful, and welcoming toward patients with different cultural and spiritual backgrounds. Staff receives cultural competency training, however, staff also stated that they learn from their patients who also teach the staff their own culture and that staff would like to have access to more cultural competency training opportunities. Billings Clinic staff stated that they treat about 30 percent Native American patients at any given time.

Suggestion: Provide more training in Cultural Diversity and Awareness specific to the minority populations primarily being served. Ideally, Billings Clinic should contract with a Native American clinician (preferably someone who is enrolled with a Montana tribe) who can provide culturally relevant input into treatment plans for Native American patients.

Staff Competence, Training, Supervision, and Relationships with Residents

Billings Clinic has a core schedule of initial training at the time of orientation, which includes CPR, Aegis training, medical/behavioral training, abuse/neglect awareness, and others. All new hires are also required to shadow staff before the end of the orientation period and/or prior to assuming responsibility for their assignments with patients. Along with the initial trainings, staff also receive required semi-annual and annual trainings. Billings Clinic puts on an annual Skill Day where staff go through a variety of skills stations to refresh training information and ensure that the staff is competent and all skills are up-to-date.

Billings Clinic changed their crisis intervention training from CPI to AEGIS when the Billings Clinic Hospital made the change. Moving from one system to another is always challenging and staff offered mixed, but mostly positive, statements about the change.

Interviewed staff made positive remarks about their relationship with the supervisors and administrative staff/leadership and their ability to access and communicate with them. Staff stated that the relationships with direct care staff to their supervisors is “amazing.” Patients interviewed seemed content and generally pleased with the services they are receiving.

Treatment and Support

Treatment Planning and General Treatment

Treatment includes individualized assessments, treatment planning, stabilization, and discharge planning. Physical and psychiatric assessments are completed within 24-hours of admission. Each morning the treatment team gathers and reviews each case within the unit. The team makes decisions and changes based on the best interest of the patient and his treatment. They review patient participation, current risks, problem areas, and medications.

Staff interviewed were able to locate the elements of the treatment plan within the electronic health record. The treatment plans reviewed were active and up-to-date. However, staff were unable to produce a hard copy for review. Treatment plans are thoroughly reviewed with the patient. The treatment plan is reviewed orally with the patient (usually by a nurse who, upon admission, is the person who

initiates the treatment plan) and the patient then signs the treatment plan cover sheet. Staff has access to a computer, laptop, or Computer-On-Wheels (COW) so that the patient can visually review the treatment plan as it is developed. The treatment plan is referenced by multiple disciplines each day the patient is in the hospital. Key elements of planning and care are maintained in a separate document called the individualized patient plan (IPP), which is not currently available through the electronic health record. The IPP documents issues outside of, or in addition to, the routine treatment plan (i.e., specific problems or interventions needed) that are not identified in the current format, or individualized treatment exceptions that need to be made to best meet the care needs of the patient.

Maintaining a safe environment at Billings Clinic is a priority. Psychiatrists, case managers, and hospitalists are available on weekdays. Hospitalists or on-call psychiatrists are available on the weekends. Upon admission a risk assessment is completed by psychiatric services to determine ligature risks. If a patient is suicidal, he is placed in the stabilization unit for high risk patients and observed every 15 minutes; this is documented. Safety plans are implemented for at-risk patients. The plans are documented and scanned into the patient's electronic health record.

Discharge planning includes the patient and support system, including health care providers, to aid in the needs of the patient after discharge from Billings Clinic. Discharge planning is a multidisciplinary clinical treatment process which evaluates the physical, emotional, social, and financial aspects of the patient's situation and that of their support system. The discharge plan is developed throughout the course of care and is provided in writing at the time of discharge in the form of the after visit summary.

Suggestion: Billings Clinic ought to review its process for providing a paper copy of treatment plans to patients, families, and guardians. Moreover, the individualized patient plan should be available through the electronic health record.

Evidence-Based Services, Trauma Informed Care, and Co-occurring Psychiatric and Substance Use Treatment

Billings Clinic provides evidence-based trauma informed care and is in the process of actively implementing a specific assessment and intervention tool in the form of AEGIS/ SMART. Employees are trained in trauma informed care assessment and intervention as part of the new hire process and review the training annually. Multiple staff requested more frequent and in-depth training in this area. In addition to online training, the inclusion of other methods of maintaining competency in trauma informed care is recommended.

Evidence-based programming is readily available to child and adolescent patients but appears significantly less robust in adult settings. Mental health workers, who do not have specialty education or training, are staffing the majority of group activities and clinical programming on the adult unit. While the mental health workers can provide programming to support each of the activities, it is well beyond their

education and clinical scope of practice to lead these groups or to be the sole providers of these programs.¹

The inclusion of specific programming for co-occurring disorders appropriately overseen by a licensed addictions counselor is recommended in order to fully implement the protocols established by AMDD for the treatment of people with co-occurring psychiatric and substance use disorders.

The inclusion of peer support specialists in the psychiatric stabilization unit milieu stands out as a particular asset. Currently, Billings Clinic utilizes the services of peer support hired and supervised by South Central Montana Mental Health Center. Ideally, Billings Clinic will look to employ their own peer support service staff members. Community-based support and advocacy opportunities are described within the policies and procedures and appear to be understood and followed by clinical staff.

Suggestion: Provide the recommended staffing per the current standard of care for the evidence-based specific programs, to work alongside the mental health workers.

Crisis Response and Intervention Services

Billings Clinic provides high-level crisis response and intervention services through its psychiatric stabilization unit, which operates on a continuous basis and takes referrals from the emergency department, community, and other facilities. Billings Clinic suicide risk assessment application is in algorithm format and follows the University of Vermont method used to decipher whether patients are at low, medium, or high risk. The transfer process for AT RISK adults must meet Billings Clinic criteria to secure a bed for treatment.

Medications

Medication prescribing, storage, disposal, and administration reflects current standards of practice. Access to well-trained psychiatric providers is available onsite, including the appropriate use of Tele-psychiatry. Appropriate metabolic and other side-effect screening and monitoring is in place. Billings Clinic is ahead of the rest of the state in employing and utilizing a certified clinical pharmacist specialist

¹ The specific programming below represents the current standard of care, including the appropriate level of staffing and support:

<u>GROUP</u>	<u>RECOMMENDED STAFFING</u>
Diagnosis Education	RN (with provider support)
Medication Education	RN (with pharmacist support)
Sensory Group	Occupational Therapist
Seeking Safety	Social Worker/ Therapist
Co-occurring Disorders	Licensed Addictions Counselor

in psychiatry. The other major hospitals in the state might not see as many psychiatric admissions as Billings Clinic does and thus the position might be perceived as more of a luxury than a necessity, but BOV believes that all of the major hospitals ought to assess the viability of employing a Pharm. D in a similar position within their hospitals.

Access, Entry, and Continuity of Services Through Transitions

Billings Clinic has a well-established reputation and relationship with many community providers and receives patients from a very large geographic catchment area. Access to the psychiatric care at the Billings Clinic, in the broadest sense of that term, has never been a particular concern for residents in the eastern portion of the state. However, there was some concern regarding the waiting time spent in the emergency department before patients were admitted to the psychiatric center. The opening of the Psychiatric Stabilization Unit (PSU) has significantly reduced wait times down to an average of 3.2 hours.

The PSU is successful and enables the psychiatric inpatient facility to operate more fluidly and comprehensively. The PSU is based on the Zeller model of treatment. Upon admission, patients are seen in a timely fashion by the members of their treatment team, participate in the medical and psychiatric assessments, and in the development of a treatment plan. This easy access has made Billings Clinic more available and helps to screen more accurately individuals who need inpatient treatment using the “emPATH” model: Emergency, Psychiatric Assessment, Treatment, and Healing.

The social workers are the primary point of contact for patients and family/guardian during a patient’s stay and are primarily responsible for developing the discharge plans and shepherding patients through that process, including making sure the patient has a follow-up appointment for community-based services when appropriate and necessary after discharge. There are reminder calls made for appointments made within the Billings Clinic various psychiatric service programs (Bridge Clinic and Behavioral Health Center) and documentation in the system if the patient doesn’t present for the appointment. For appointments made outside the Billings Clinic system, records are also sent out to the follow up providers, so they have the information they need to treat the patient. With the patient’s consent, the designated family/guardian/caregiver receive discharge education and written information about the patient’s discharge and aftercare plans. Community-based support and advocacy opportunities are also described within the policies and procedures and appear to be understood and followed by clinical staff.

At Billings Clinic, handovers and transitions of care are adequate and appropriate in scope and timing. One particular strength is the development of the Bridge Clinic as an innovative and effective response to limited availability of timely follow-up mental health appointments in the community. The Bridge Clinic has a dedicated psychiatric nurse practitioner who can follow patients discharged from the psychiatric center and will continue to prescribe medications until the patient has secured access to a community provider.

Recommendations

Recommendations:

1. Add an option for video conferencing to allow family/guardians the ability to communicate face to face with the treatment team and their family member/patient.
2. Develop a new hire and continuing education training program on psychiatric disease states and psychotropic medication management. This program should include regularly scheduled in-service education opportunities to provide ongoing mental health education to all staff members.
3. Develop a medication education group for Billings Clinic patients with a structured curriculum provided by the nursing staff. Consider utilizing nursing students to help provide medication education.